

REQUEST FOR AMENDMENT
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
SFN 52355 (05/02)

DIVISION OF COMMUNITY SERVICES REQUEST FOR AMENDMENT									
1. Recipient Name & Address		2. Instrument Number		3. Amendment Number					
		4. Approved Grant Period		5. Date of Request					
6. Type of Amendment		A. <input type="checkbox"/> Special Condition C. <input type="checkbox"/> Scope of Work		B. <input type="checkbox"/> Budget Revisions D. <input type="checkbox"/> Extension of Time		Revised Date _____			
7. Explanation for Request (Attach Additional Page if Necessary)									
8. Housing		Approved # of Units _____		Revised # of Units _____					
9. Effect of Request									
Activity		Approved DCS Budget	Local Funds	Other Public Funds	Revised DCS Budget	Revised Local Funds	Revised Public Funds	Total Budget	
Admin.									
Total Revision (+/-)									
Total Budget									
10. Submitted By : (Chief Elected Official)		11. Regional Council Concurrence:				12. Action Taken (<i>DCS USE ONLY</i>)			
		Signature _____ Director Name _____ Council _____ Date _____				Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Name _____ Title _____ Date _____			

REQUEST FOR AMENDMENT DIRECTIONS

- Block 1: Enter the official mailing address of the grantee.
- Block 2: Enter the DCS assigned on the Financial Award.
- Block 3: Amendment requests are to be numerically accounted for locally. Indicate the appropriate request number.
- Block 4: Enter the Approved Budget/Project Period from the Financial Award.
- Block 5: Enter date of the preparation of the Request for Amendment.
- Block 6: Place a mark in the appropriate space to reflect the type of amendment being requested.
- Block 7: Provide a detailed explanation of the amendment, to include the reason and the results. For instance, if the request is for an increase in the number of homes to be rehabilitated, indicate the number of homes completed, the number of additional homes to be rehabilitated, the amount of funds available to rehabilitate the additional homes, and provide an explanation of why additional funds are available.
- Block 8: To be completed if a change in approved budget or number of homes to be rehabilitated occurs, or if a time extension is being requested.
- Block 9: To be completed if a change in the Authorized Budget occurs.
- Block 10: Enter the name and title of the Chief Elected Official. This is the individual who signed the Financial Award.
- Block 11: Enter the Director's name and the Council that person represents.
- Block 12: For DCS use only.